Comments: 🗘 TITLE (design only) The title of the application matches the claim. ○ Yes O No O N/A 13

CRFE-COMPUTER READABLE FORM

If necessary (bilogical sequence listing)

O Yes O No O N/A 15

RAM FEES

numbers. And no incorrect dependencies)

One sheet of complete claims

Applicable Fees

Amount Actualy Charged

**Amount That Should Have Been Charged** 

O Yes O No O N/A 9

Examiner's amendment

Paragraph 🔀 Font

Size 3

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